PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Debart Chief, U.S.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/585,224			ing Date 30/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A		N/A		N/A	FEL (a)	ł	N/A	FEE (#)
H	(37 CFR 1.16(a), (b),	or (c))	-						ı	<u> </u>	
냳	SEARCH FEE (37 CFR 1.16(k), (i), (N/A		N/A		N/A			N/A	
Ц	(37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
(37	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	1S	minus 3 = *]	x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ets of pape 250 (\$125 tional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))		1			1		
* If t	the difference in colu	r "0" in column 2.		TOTAL]	TOTAL				
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)										ER THAN ALL ENTITY
AMENDMENT	04/30/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Ž	Total (37 CFR 1.18(i))	٠ 8	Minus	·· 20	= 0	1	X \$25 =	0	OR	x s =	
Ľ١	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	1	X \$105 =	0	OR	x s =	
Ĭ,	Application Size Fee (37 CFR 1.16(s))										
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))	*	Minus		=	1	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1,16(h))	*	Minus	***	:	1	x \$ =		OR	x s =	
Z I	Application Size Fee (37 CFR 1.16(s))					1			1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
Γ							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For NT HIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". PAULA S. BRITTON The "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceally an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of zero the 22 central to complete a policitation form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients or Patients.